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PECOPD							Application or Docket Number 10727775		Filing Date: 12/03/2003				To be Mailed	
	AP	PLICATION) – PART I						OTHER THAN					
<u> </u>			(Column 1)		(Column 2)	-			ENTITY 🗌	OR			L ENTITY	
<u> </u>	FOR		NUMBER	R FILED NUMBER EX		RA RA		TE (\$)	FEE (\$)		RATE (\$)		FEE (\$)	
BASIC FEE (37 CFR 1.16(a), (b), or (c))			N/A	A N/A				N/A			N/A			
SEARCH FEE (37 CFR 1.16(k), (i), or (m))			N/A	4	N/A			N/A			N/A	\		
(37 CFR 1.16(o), (p), or (q))			N/A		N/A			N/A			N/A	`		
(37 CF	AL CLAIMS FR 1.16(i))		minus 20 =		•		X 5	25 =		OR	X \$50 =			
	PENDENT CLAIM FR 1.16(h))		minus 3 = *				x s	100 =			X \$200	=		
_	PPLICATION SIZE 7 CFR 1.16(s))	FEE	If the specification and drawings excer 100 sheets of paper, the application s fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) an 37 CFR 1.16(s).			ize on		-						
	MULTIPLE DEPEN	IDENT CLAIM	PRESENT (3	7 CFR 1.16(j))			+	\$180			+\$36	50		
* If the difference in column 1 is less than zero, enter "0" in column 2.							T	OTAL			TOTA	AL		
APPLICATION AS AMENDED – PART II (Column 1) (Column 2) (Column 3)								OTHER THAN SMALL ENTITY OR SMALL ENTITY						
		CLAIMS			<u> </u>	$\dot{\Box}$	<u></u>			<u> </u>	r			
AMENDMENT A	10/18/06	REMAININ AFTER AMENDMEI	1 1	NUMBER PREVIOUSI PAID FOR	LY EXTR		RA	TE (\$)	ADDITIONAL FEE (\$)		RATE	(\$)	ADDITIONAL FEE (\$)	
ĬŽ.	Total (37 CFR 1.16(i))	• 42	Minus	 20	= 22		X \$	325 =		OR	X \$50=		1100	
I I	Independent (37 CFR 1.16(h))	• 3	Minus	** 3	= 0		x \$	100 =		OR	X \$200)=	0	
\ V V	Application Size Fee (37 CFR 1.16(s))													
\Box	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))						L			OR	<u> </u>			
					TAL D'L E		OR	TOTAI ADD'L FEE		1100				
(Column 1) (Column 2) (Column 3)														
AMENDMENT B		CLAIMS REMAININ AFTER AMENDMEI		HIGHEST NUMBER PREVIOUSI PAID FOR	PRESE		RA	TE (\$)	ADDITIONAL FEE (\$)		RATE	(\$)	ADDITIONAL FEE (\$)	
	Total (37 CFR 1.16(i))	*	Minus	**	=		x \$	i25 =		OR	X \$50	=		
	Independent (37 CFR 1.16(h))		Minus	**			X \$	100 =		OR	X \$200) =		
M	Application Size Fee (37 CFR 1.16(s))													
\Box	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))						L			OR	L			
	CALCULATE							TAL D'L E		OR	TOTAL ADD'L FEE			
** If th *** If t	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3". The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.													

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